

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

ATTORNEYS AT LAW

1800 DIAGONAL ROAD, SUITE 370

ALEXANDRIA, VIRGINIA 22314

JOHN R. MATTINGLY*
DANIEL J. STANGER
SHRINATH MALUR*
CARL I. BRUNDIDGE*

DONNA K. MASON*

CHUN-POR "ROGER" LEUNG*
GENE W. STOCKMAN
OF COUNSELJEFFREY M. KETCHUM
NICHOLAS R. MATTINGLY
Registered Patent Agent

* Bar Membership Other Than Virginia

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Date: January 21, 2009

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To: Examiner E.J. Agustin
Group Art Unit 3621, USPTO

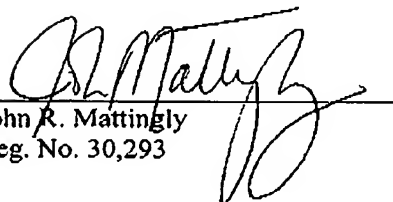
From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/084,379
Attorney Docket No.: H&A-108

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

**Transmittal; and
Amendment.**


John R. Mattingly
Reg. No. 30,293

January 21, 2009
Date

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Form PTO-1083

Patent

In RE application of A. HIROTSUNE et al

Case Docket No. H&A-108

Serial No.: 10/084,379

Group Art Unit: 3621

For: RECORDING METHOD, RECORDING MEDIUM,
AND RECORDING SYSTEM

Examiner: E.J. Augustin

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Commissioner for Patents
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Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For		(Col. 3) Present Extra	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Total	Minus	**		=	Rate	Additional Fee		Rate	Additional Fee
Total	Minus	**		=	X 25	\$		X 50	\$
Indep.	Minus	***		=	X 100	\$		X 200	\$
					X 180	\$		X 360	\$
					Total	\$		Total	\$

☐ First presentation of Multiple Dependent Claims

... If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ... If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 ... If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A Credit Card Payment Form in the amount of \$_____ is attached .
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

Mattingly, Stanger, Malur & Brundidge, P.C.
1800 Diagonal Road, Suite 370
Alexandria, Virginia 22312
Tel: (703) 684-1120
Fax: (703) 684-1157

By:

John R. Mattingly, Reg. No. 50,293
Attorney for Applicant(s)

Date: January 21, 2009